

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF	CYRUS ANDREW SULLIVAN	COURT CASE NUMBER	3:16-CV-01743-AC
DEFENDANT	SCOTT ALLEN BREITENSTEIN	TYPE OF PROCESS	Summons and Complaint
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	SCOTT ALLEN BREITENSTEIN		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	22 Mumma Ave., Dayton, OH 45405		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	1
Cyrus Sullivan P.O. Box 86653 Portland, OR 97286		Number of parties to be served in this case	1
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Also known to live at and frequent 29 Bidleman St, Dayton, OH 45410

Signature of Attorney other Originator requesting service on behalf of:

☒ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER
(503)232-3080

DATE
9/22/2016

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>1</u>	District of Origin No. <u>65</u>	District to Serve No. <u>105</u>	Signature of Authorized USMS Deputy or Clerk <u>Dylan Boyd</u>	Date <u>1/23/17</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in defendant's usual place of abode

Address (complete only different than shown above)

Date _____ Time ☐ am ☒ pm

Signature of U.S. Marshal or Deputy

Service Fee <u>8</u>	Total Mileage Charges including endeavors	Forwarding Fee	Total Charges <u>8</u>	Advance Deposits	Amount owed to U.S. Marshal (Amount of Refund*) <u>8</u>
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REMARKS: 1/30/17 Returned - no such number, unable to Forward
CM 7014 2120 0003 5969 7912

RECEIVED
UNITED STATES MARSHAL
PORTLAND, OREGON
JAN 23 PM 2:28

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

US POSTAGE



529.75-

US OFFICIAL MAIL

ZIP 97204

7014 2120 0003 5969 7912

UNITED STATES MARSHALS SERVICE
401 U.S. COURT HOUSE
1000 S.W. THIRD AVENUE
PORTLAND, OR 97204-2902

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



7014 2120 0003 5969 7912

NIXIE

45405-RES-1N
RETURN TO SENDER
NO SUCH NUMBER
UNABLE TO FORWARD
RETURN TO SENDER

Scott Breitenstein
2 Mumma Ave
Dayton, OH 45405

16-1743

01/30/17

NSN

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

S
2
Day
16-1



KEY RETURN ZIP CODE™ 94107

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail® ☐ Priority
☐ Registered ☐ Return
☐ Insured Mail ☐ Collect on

4. Restricted Delivery? (Extra Fee)



7014 2120 0003 5969 7912